

STATE OF NEVADA  
**UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM UCC-2**  
 IMPORTANT—Read instructions on back before filling out form

UCC-2 G79 NV

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This **STATEMENT** is presented for filing pursuant to the Nevada Uniform Commercial Code

1. FILE NO. OF ORIG. FINANCING STATEMENT 231505	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT Aug 2, 1990	1B. DATE OF ORIG. FINANCING STATEMENT July 24, 1990	1C. PLACE OF FILING ORIG. FINANCING STATEMENT DOUGLAS COUNTY
2. DEBTOR (LAST NAME FIRST) AVERY, CARL L. JR.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 382 34 7477	
2B. MAILING ADDRESS P.O. BOX 2616		2C. CITY, STATE STATELINE, NEVADA	2D. ZIP CODE 89449
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS		3C. CITY STATE	3D. ZIP CODE
4. SECURED PARTY NAME NORWEST FINANCIAL NEVADA INC MAILING ADDRESS PO BOX 2549 CITY CARSON CITY STATE NEVADA ZIP CODE 89702		4A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

6.  CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here  and insert description of real property on which growing or to be grown in Item 7 below.

RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.

ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.

TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.

AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)

OTHER

THIS SPACE FOR USE OF FILING OFFICER

7.

8. (Date) October 22, 19 90

By: \_\_\_\_\_  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Norma Stone CSR  
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

9. This Space for Use of Filing Officer  
 (Date, Time, Filing Office)

REQUESTED BY  
Norwest Financial  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

**90 OCT 24 10:29**

SUZANNE BEAUREAU  
 RECORDER **237364**  
 \$10<sup>00</sup> FAIL K12 DEPUTY

STANDARD FORM FILING FEE \$4.00  
 BOOK **1090** PAGE **3681**

10. Return Copy to

NAME [ NORWEST FINANCIAL INC ]  
 ADDRESS [ PO BOX 2549 ]  
 CITY, STATE AND ZIP [ CARSON CITY, NV 89702 ]

(1) Filing Officer Copy - Numerical